"In the resurrection, no weakness will remain": Perceptions of disability in Christian Anglo-Saxon England

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Introduction

Disability studies in archaeology is a new and burgeoning area of research, springing from both a recent emphasis on the individuality of experiences in the past and a need to re-evaluate the role of disabled groups in the present (Metzler 2006: 11). This paper will focus on perceptions of physical impairment in the later Anglo-Saxon period (c. 800–1066 AD). This follows significant social changes of the seventh to eighth centuries: the conversion to Christianity, increasing urbanism, and the increasing stratification of social hierarchies (Halsall 1995). These will all have had an effect on how physical impairment was viewed. Focusing on the later Anglo-Saxon period therefore allows us to study the impact of these changes. In addition, the increase in written documents at this time compared to the early Anglo-Saxon period means that it is possible to integrate different forms of evidence—historical, archaeological and osteological—in order to gain a more rounded view of disability and impairment. Most previous studies of this period have focused on a small sample of individuals, which are often the most unusual case studies and have little to tell us about broader attitudes to disability; a more comprehensive overview is required.

The archaeological study of disability

Given the relatively recent focus on disability in archaeology, the theoretical framework for understanding past disability remains a matter of debate (Lee 2012: 23). This area of study is fraught with preconceptions, many of which are based on the erroneous assumption that there is a fixed societal response to impairment. As such, much of the existing work has taken a medical perspective, focusing on the presence and severity of impairments in the past rather than their social impact (Southwell-Wright 2013: 76). Like gender, age and sexuality, ability and disability are aspects of an individual's identity that are linked to the biological body, but are primarily socially ascribed (Insoll 2007: 4). Impairment may thus be considered the physical condition, while disability is the way in which society responds to impairment (Hubert 2000: 2; Barnes, Mercer and Shakespeare 1999: 7; Cross 2007: 181; Metzler 2006: 3). Impairment, therefore, is not always disabling, and there are many cultures that would not recognize the category of 'disabled people' (Metzler 2006: 2).

Many studies of disability have assumed that impairments that reduced an individual's ability to work would have made them a 'burden' on society. However, there are many different forms of impairment which will only affect one aspect of an individual's ability, but leave them perfectly capable of performing other useful social tasks (Metzler 2006: 31; Dettwyler 1991: 380). While stigma can exist regardless of productivity, we also need to consider the potential for impairment to have positive connotations. Disabled people are not a homogenous group (Cross 2007: 186), and any research into the area should reflect this. Studies of disability need to be more historically rooted to move away from some of these modern, western preconceptions—particularly in regard to marginalization and discrimination (Metzler 2006: 27).

The osteological study of disability

Skeletal remains are one of the most direct methods for accessing past disability, with numerous impairments, such as paralysis and joint fusion, being osteologically identifiable. However, only a limited subset of conditions affect the skeleton (Crawford 2010: 94; Roberts 2000: 48), which means that only a fraction of the potentially disabled population can be identified. Impairments such as blindness, speech impediments, and mental conditions are not visible osteologi-

cally, and given the slow rate at which bone reacts, impairments acquired shortly before death will also be difficult to identify (Lee 2012: 25). This is the basis of the osteological paradox: only those who were ill for long periods of time will display signs of it, while those with weak immune systems, who died quickly, will appear relatively healthy (Southwell-Wright 2013: 73; Wood et al. 1992).

There are also problems with assessing the severity of impairment and its impact on an individual's lifestyle (Roberts 2000: 53). Interpreting pain is a good example of this problem. There are many conditions that are visible osteologically which may have caused pain, but we cannot say whether that pain was severe enough to affect an individual's ability to function (Hadley 2010: 112). People adapt differently to the same conditions depending on their mental and physical state (Roberts 2000: 48; Tilley and Oxenham 2011: 36), and the same impairment will therefore not be equally debilitating in different people. This is especially relevant when people have lived with their impairments for some time and have found ways of compensating for them (Lee 2011a: 145).

Approaches to the funerary record

Despite the limitations discussed above, human skeletal remains are still the most direct means of accessing disability in the past, and burials can provide important contextual information which may give some indication of an individual's place in their community (Southwell-Wright 2013: 72; Roberts 2000: 47). Many studies of skeletal remains, such as Hawkes and Wells (1976), Roberts and Cox (2003), and Cummings and Rega (2008), tend to rely on the medical model of disability to judge how disabling an impairment would have been, rather than integrate the archaeological evidence to understand social responses to that impairment (Cross 2007: 186; Manchester 1990: 88). But Craig and Craig's (2013) study of an individual with fibrous dysplasia from the seventh to ninth century cemetery at Spofforth provides a perfect example of the potential of integrating archaeological and osteological approaches. This individual had a very obvious facial deformity, which would have affected their ability to eat and potentially their hearing in the left ear. Nevertheless, their supine, east-west oriented grave situated amongst contemporary burials suggests they were not treated differently despite their obvious physical impairment. However, this is a specialized study of only one individual with a unique condition, thus limiting its usefulness for understanding broader societal perceptions of impairment.

It cannot automatically be assumed that treatment in death accurately reflects perceptions in life. An individual's identity is only one factor which may have an impact on burial; the capacity of burials to reflect symbolic rather than actual identities has been discussed in detail elsewhere (e.g. Hadley 2000: 155; Lucy 1997: 29). When considering people who may have been mistreated during life, it is important to remember that the funerary ritual can also be influenced by a sense of guilt or a desire to make amends (Hubert 2000: 7). On the other hand, if some people were excluded from society to the extent that they were not buried in normal cemeteries, then they may not be visible in the archaeological record at all (Southwell-Wright 2013: 74; Lee 2011b: 705).

Physical impairment in later Anglo-Saxon England: the archaeological evidence

Despite the focus on funerary practice in Anglo-Saxon archaeology, the study of disability has thus far been limited. The few attempts to contextualize the treatment of impaired individuals have focused on a small number of unusual examples (Craig and Craig 2013; Hadley 2010). As such, there is currently no comprehensive overview of archaeological evidence for disability in Anglo-Saxon England, although some general statements have been made. Differential funerary treatment of the physically impaired seems to have been the exception rather than the norm. The fact that individuals with impairments were not singled out in death could suggest that they were included in social life (Hadley 2010: 103–110; Lee 2011b: 713). When differential burial did occur, it may be attributed to individual personalities and circumstances (Hadley 2010: 111). However, more comprehensive archaeological study is required to determine what other factors may have led to differentiation in the funerary record. The historical evidence for perceptions of impairment has a longer history of study, and some of this evidence will be integrated here, to contextualize the funerary evidence.

Sample selection and methods

The sample of physically impaired individuals used for this study was identified from the osteological reports of major cemeteries of this period. Grave furniture, body position, and the location of the grave within the cemetery were all recorded in a centralized database. Burial in this period was relatively standardized, with the usual practice being an unfurnished, supine burial, oriented east-west. The

greatest potential for variation was in the provision of grave furniture, either in the form of coffins or stone settings (Hadley and Buckberry 2005: 132). Burials of the individuals identified as impaired were compared to this standard model to detect any differentiation. When looking at grave furniture, it was also necessary to consider how common different types of provision were within each cemetery before deciding how 'standard' the burials were. Statistical analysis in the form of an ordinal logistic regression was then used to determine what factors were most likely to result in a differential burial. Burials were also considered in light of the available historical sources for perceptions of impairment in this period.

A total of 44 individuals with impairments were identified from 17 late Anglo-Saxon cemeteries across England (fig. 1). Figure 2 shows the range of impairments identified. The data set includes roughly equal numbers of males and females, and the expected age ranges (fig. 3, fig. 4). One common misconception is that survival of severely impaired individuals to adulthood must indicate a caring and compassionate community (Lee 2008: 35). However, survival is not evidence of compassion and acceptance, merely tolerance; just because the physical needs of these individuals were met does not mean that their social and emotional needs were, as well (Hubert 2000: 6; Roberts 2000: 55; Tilley and Oxenham 2011: 36). The very assumption that disabled people would have automatically needed care is based on the erroneous assumption that they could not have contributed enough to society to support themselves. Instead of merely looking at survival it is therefore necessary to look more closely at the context of the burial.

The burials

Four different types of burial were identified: standard, deviant, high-status, or 'non-normal' (burials that differ from the norm but are impossible to assign a positive or negative value). The overwhelmingly largest category is standard burial, just over 70 percent (31/44) of the sample (fig. 5).

Eight burials (approximately 20 percent), were classed as deviant. Six of these burials were either outside or on the very edges or the main cemetery. Given how many people are buried on the edge of cemeteries, it is difficult to state with certainty that this practice was a direct result of their impairments. Evidence from Raunds, however, suggests that it is deliberate in at least some instances (Lee 2011a: 161; Lee 2012: 26; Hadley 2010: 105). There are six individuals

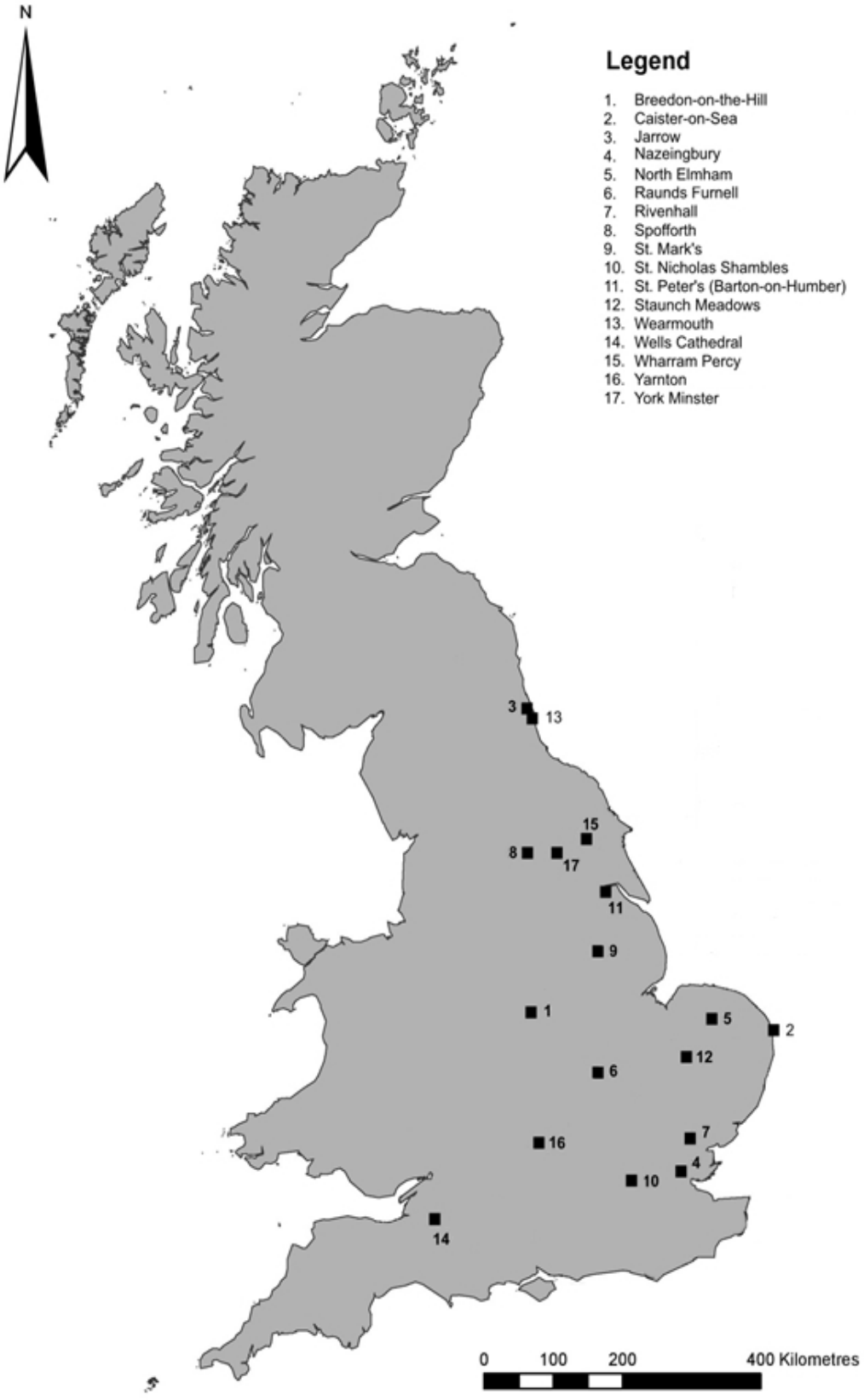

Figure 1. Cemeteries containing individuals with impairments

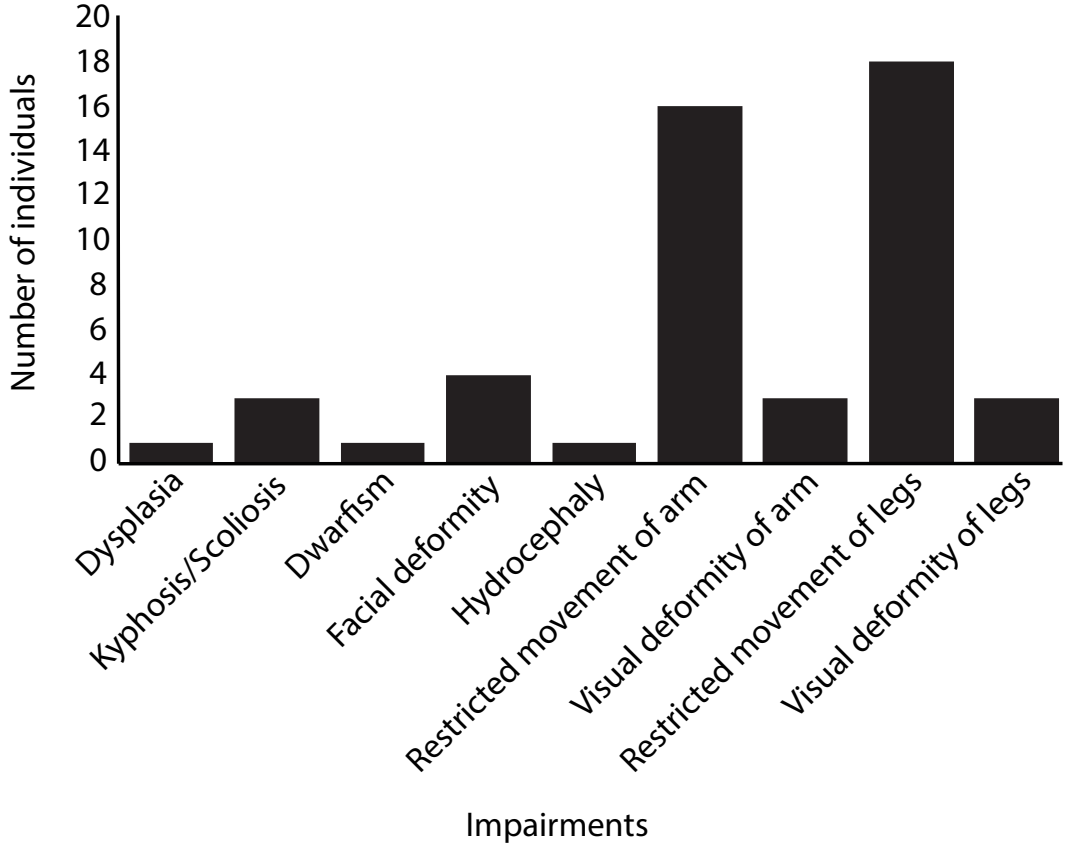

Fig 2. The range of impairments

from Raunds with physical impairments, four of whom were buried right on the edge of the cemetery, and while they are not explicitly excluded, they are at the very limits of consecrated ground (Hadley 2010: 107). This suggests social marginalization, if not active exclusion. Two of the deviant burials, including one of the marginalized examples from Raunds, were buried with stones over their faces. This could be seen as a sign of necropho-

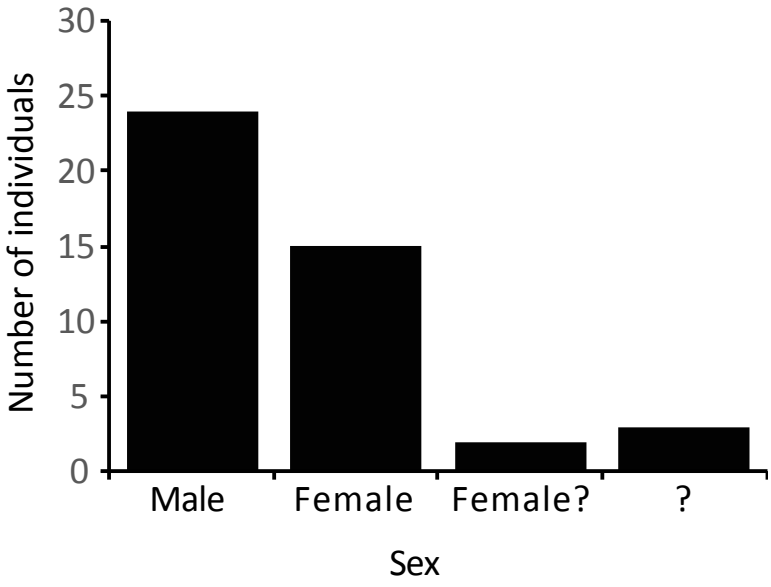

Fig 3. The sex of individuals with impairments

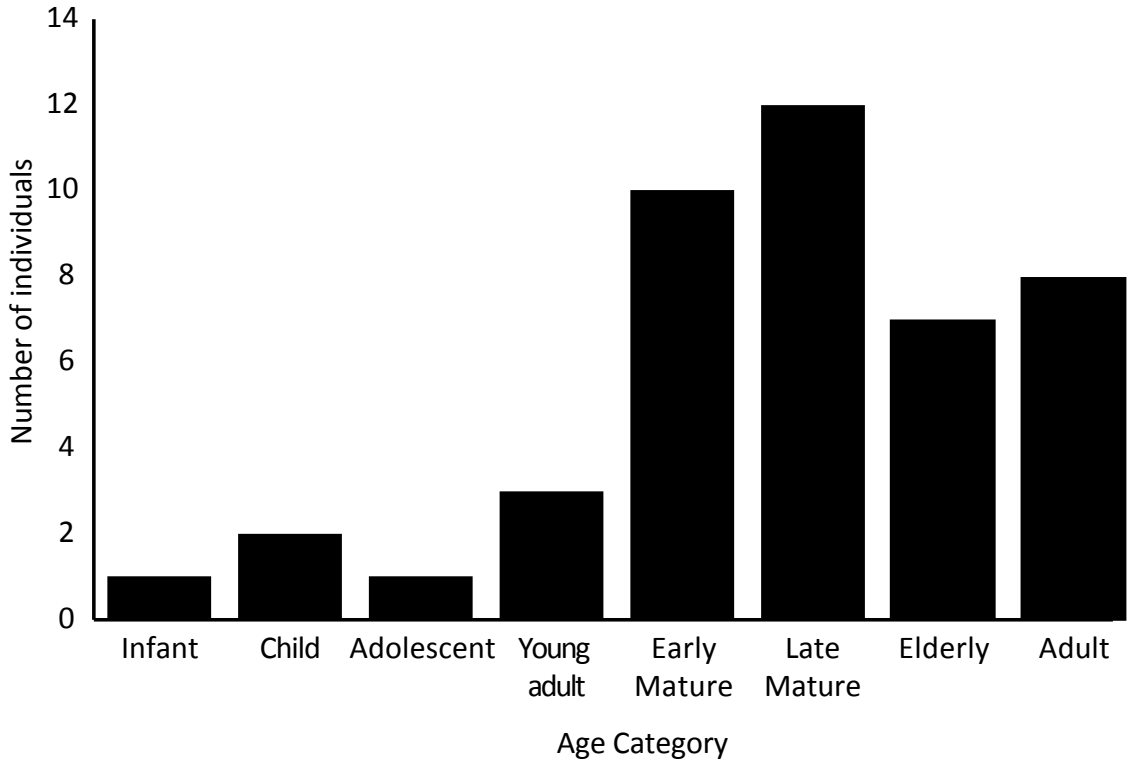

Fig 4. The age of individuals with impairments

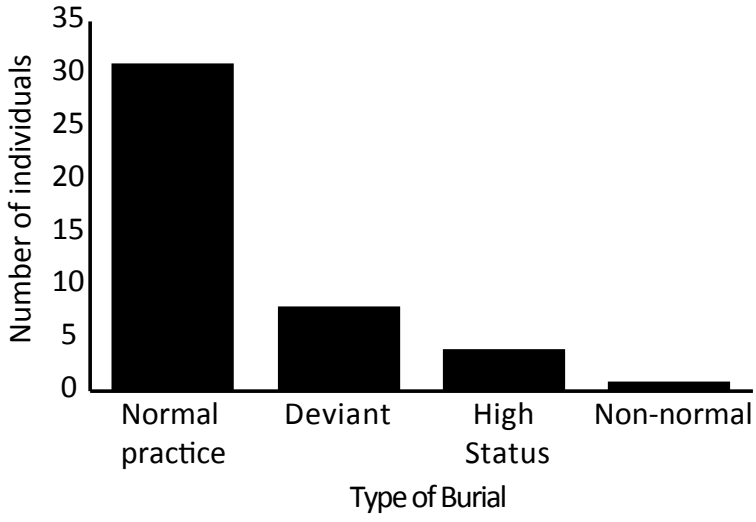

Fig 5. The burials of individuals with impairments

bia, a measure to prevent the dead from rising from the grave (Tsaliki 2008: 5). Again, we cannot say for certain that this fear was a result of their impairment, but given that in his study of deviant burial, Reynolds (2009: 172) gives only twelve examples of this practice in late Anglo-Saxon England, those with physical impairments comprise a large proportion of individuals buried in this way.

One of the marginal burials of particular interest was Individual 10 from North Elmham, an adult male with osteitis of the left proximal tibia and fibula, as well as of the left patella. The exact cause of this was uncertain, but septic arthritis is

a possibility (Wells 1980: 274). The infection left the proximal tibia "severely thickened", and would have affected movement of the left knee joint (Wells 1980: 274). In addition to being the only burial outside the boundary ditch of the cemetery, they were the only one oriented in an opposing direction to everyone else. Christian burials were almost all oriented with the head to the west, so that when they were resurrected, they would rise to face Jesus in the east (Daniell 1997: 148–149). Burying an individual facing in the opposite direction could therefore be a way of stopping them from experiencing full resurrection, suggesting not only stigma, but active discrimination against this individual.

Four burials across the entire sample were classed as high-status. Three of these were coffin burials in cemeteries where coffin use was not common. Coffin burial was desirable as a means of preserving the body from decay, something that was of increasing concern in this period (Thompson 2002: 240). The higher investment required suggests that these graves belonged to individuals of higher status. There is also one example of a burial within a church, at the east end—individual 53 at Nazeingbury, an elderly male with congenitally dislocated hips. On the basis of his large clavicular ligaments, it was suggested that he walked with the aid of crutches (Huggins 1978: 57). Burial *ad sanctum* was a highly sought after privilege, especially closer to the altar, and was restricted to high-status individuals (Hadley 2000: 158). In addition, this individual was buried alongside three other individuals who also showed unusually high levels of pathology, although not ones classed as resulting in physical impairment. This suggests that they were buried in this prestigious location specifically because of their ill health rather than due to any pre-existing social status, though it is less clear if they were being honoured or protected.

The final category consists of one burial—individual 3095 from Staunch Meadows, an adult female with a facial deformity and a resorbed left femoral head, which would have limited movement of the joint and resulted in a shortened limb that would have caused a limp (Tester et al. 2013: 206–207). She was one of only two people in the cemetery to be buried lying on their right side; the other 150 burials were supine, which was the standard body position in this period. Thus this person was buried in a way which marked them out as different, but it is difficult to assign meaning to this difference. However, Reynolds (2009: 161–162) has suggested that such burial on the side—a practice found in high numbers in execution cemeteries—is a sign of careless burial. This would certainly suggest

prejudice even if this was more through carelessness than active discrimination. However, it is impossible to tell from the excavation report how deliberate the burial was, and so it has been excluded from the category of deviant burials.

We can therefore say that it was by no means common to differentiate the burials of individuals with physical impairments. While this is not a sign that they were routinely integrated into everyday social life, it is at least a sign that they were not viewed with such suspicion they had to be excluded in death. Nevertheless, the fact that around 30 percent do receive distinctive burials in a period when burial was so standardized is important. Reynolds notes that almost all examples of deviant practice from this period are confined to special 'execution' cemeteries, and so deviant burials located in normal cemeteries, as these are, are the result of unique circumstances (Reynolds 2009: 96), suggesting that these individuals must have held an unusual place in their community, at least in death. However, it is less clear what factors might influence deviant, or indeed high-status burials, in ordinary cemeteries.

A cumulative odds ordinal logistic regression with proportional odds was carried out to explore the effect of sex, age and type of condition on the manner of burial. This test determines whether multiple independent continuous or categorical variables (sex, age, and type of condition in this instance) have a statistically significant effect on an ordinal dependent variable (the manner of burial), by taking into account any interaction effects between the independent variables (Laerd Statistics 2015). The type of condition in this instance refers to whether a pathology was congenital or acquired. Ideally, conditions would be analyzed in categories such as those used in Figure 3, but many of these categories have only one or two individuals in them. Such a low sample size would increase the chance of a type II error, where a false null hypothesis is incorrectly retained (Field 2009: 74), and so these more specific categories of condition were not used. The manner of burial was modelled as an ordinal variable, with deviant burials, standard burials and high-status burials as the categories; the single non-normal burial was discounted, as it could not be fitted into an ordinal model.

The data meets the necessary assumptions to carry out an ordinal logistic regression: there were proportional odds—as assessed by a full likelihood ratio test comparing the fitted model to a model with varying location parameters ($\chi^2(3) = 0.743$, $p = .863$)—and a very low level of multicollinearity was

present (*VIF* =1.070 for sex, 1.092 for condition, and 1.284 for age). However, the regression did not reveal any statistically significant results. The odds of males having a more positive burial was similar to that of females (odds ratio of 1.133 (95% CI, 0.273 to 4.705), Wald $\chi^2(1) = 0.030$, $p = .0.863$. The odds of congenital conditions having a more positive burial was 3.312 (95% CI, 0.585 to 18.754) times that of acquired conditions, but this was not a statistically significant effect (Wald $\chi^2(1) = 1.832$, $p = .0.176$). An increase in the age category was also associated with an increase in the odds of having a more positive burial, with an odds ratio of 2.376 (95% CI, 0.612 to 9.229), but again this was not statistically significant (Wald $\chi^2(1) = 1.562$, $p = 0.211$).

None of the observed effects of sex, age or type of condition on the manner of burial are statistically significant, suggesting that there are no aspects of biological identity which affect funerary treatment of people with physical impairments. This has implications for how we go on to interpret the historical evidence.

It has been suggested that more visible impairments generally carry greater social stigma because they are so noticeable, whereas less visible impairments are more easily dismissed (Metzler 2006: 4). However, this sample includes highly visible conditions, such as the child at Spofforth discussed above, and an individual from Barton-on-Humber with dysplasia affecting the vertebrae, pelvis and arms, both of whom were buried in a perfectly normal manner, thus suggesting that this generalization is not applicable in a late Anglo-Saxon context. An alternative theory, based on a large-scale ethnographic study by Neubert and Cloerkes (1984), is that impairments which severely restrict bodily function are perceived the most negatively, while the perception of less severe impairments is more dependent on cultural attitudes. Unfortunately, this sample lacks any examples of severely limiting conditions such as paralysis, but the most physically restrictive conditions (e.g. restricted movement of the legs) are not more commonly differentiated than more visual conditions. The type of condition does not appear to have had any impact on how these people were buried.

The causes of impairment: Historical evidence

The evidence suggests that while most people with impairments were buried in a perfectly normal manner as suggested by Hadley (2010), there was still a significant proportion who were treated differently, more often negatively than

positively. However, the manner of treatment was not determined by sex, age, or the type of impairment. The next step, therefore, is to consider the historical evidence for perceptions of impairment. There is much more literature on perceptions of disability from a historical viewpoint than an archaeological one. The evidence discussed below is therefore limited to Early Medieval understandings of the causes of impairment. Any perceived cause of impairment which casts a moral judgement on the individual may have affected burial more than any broader social perceptions, which is why the following analysis will focus on the causes of impairment. There is also extensive historical evidence for wider social and theological perceptions, but these are beyond the scope of this paper.

Historical evidence has as many limitations as archaeological evidence; it is impossible to directly compare conditions mentioned in medieval texts to modern scientific terminology, as categories of illness are culturally defined (Metzler 2006: 4). Given the general levels of literacy in Anglo-Saxon England, the extent to which writings discussing abstract theological concepts would have had an impact on broader societal beliefs is doubtful; most people would not have been aware of the complex debates surrounding the causes of impairments (Metzler 2006: 39–40; 60). The historical evidence also does not provide much detail about the appropriate way to bury people with impairments, although it could be argued that those with severe mental impairment may not have had the capacity to demonstrate Christian belief, and may subsequently have been denied a church burial (Crawford 2010: 98–99). This suggests that there was no officially endorsed differentiation between the burials of impaired and non-impaired individuals, although this does not mean that it did not occur.

Sin is something which is commonly discussed as a perceived cause of impairment in this period, either as a punishment, or a warning (Lee 2011b: 716). St Ambrose, writing in the fifth century, linked sin and illness, as did William of Conches in the eleventh century, who compared the world and the body, saying that as the former is corrupted by sin, the latter is corrupted by illness (Metzler 2006: 47). Another example is Aelfric's tenth century tale of King Herod, who was punished for his sins by illnesses which made him unfit to rule (Tovey 2010: 142). This might explain some of the deviant burials, if individuals perceived as sinners were buried in a way that reflected their status as such. However, the importance of sin has potentially been overemphasized (Metzler 2006: 13). In most cases, sin was only given as a cause of illness when the writer had a spe-

cific reason to attack the person in question (Kroll and Bachrach 1986: 396). This is clearly the case in the instance of King Herod mentioned above. Similarly, it could be that people with impairments were only demonized as sinners when they were already disliked within their community, although this does not rule out impairment as a contributing factor. The fact that deviant burials of people with impairments are not more widespread suggests that this perception was only strong enough to influence burial in select circumstances.

In sharp contrast, some sources refer to impairment as being a sign of God's favour. Disability could be soul-cleansing, and there are many literary examples of suffering being seen as a gift from God, perhaps as a way of reminding the body to take care of the soul (Lee 2011a: 153; Metzler 2006: 47; Tovey 2010: 140). King Alfred's illness, as recounted in Asser's ninth century *Life*, was a sign that he was favoured by God. In this instance, King Alfred's disability provided him with a way of demonstrating his virtue and humility, as he prayed not to be healed, but that his impairments would not affect his ability to rule. This type of impairment was anything but disabling, and elevated the individual to a higher, holy status (Tovey 2010: 137, 145). These types of attitudes may be reflected in the more positive burials seen here, but as with sin, this belief was strong enough to have affected burial in only a minority of cases. In the instances of exceptionally positive treatment, it is difficult to tell if this was because of their impairment, or despite it. The impaired individuals afforded positive burials may well have been high-status anyway, to the extent that this took precedence over any stigma associated with their impairment. However, that impairment played a role in at least some instances of high status burial can be determined from the Nazeingbury individual discussed above.

Holy suffering is particularly associated with women; an example is Aelfric's tenth century tale of Romula, whose paralysis meant that she could devote more time to prayer (Lee 2008: 28; Metzler 2006: 48). The archaeological evidence, however, shows only one impaired female who received a high-status burial, compared to three men. It would seem that this was only a literary device, and had little relevance to lived experiences of impairment. The role of gender in perceptions of impairment is something which was discussed briefly by Hadley (2010: 103), who said that adult males were more likely than females to be excluded from normal burial rites, and that impairment could be a basis for this. However, this hypothesis was based on a relatively small sample of six physically impaired

males, whereas on the basis of the larger sample discussed here, males and females with physical impairments were equally likely to have been given unusual burials.

Some sources, however, do not refer to theological explanations at all, and instead focus on natural causes. There are four surviving late Anglo-Saxon vernacular medical texts which are practical rather than religious in nature (Kroll and Bachrach 1986: 397). They described not religious causes of illness, but natural ones, which cast neither blame nor praise on the impaired (Metzler 2006: 74). Bald's *Leech-book*, for example, gave the cause of hemiplegia as contaminated air (Lee 2011a: 152). This demonstrates that ideas expressed among the theological circles of society did not dominate all aspects of it. The fact that the majority of individuals with impairments had standard burials suggests that the majority of people did not think of impairment as being linked to the moral status of the individual in question.

Finally, some of Bede's writings illustrate the multitude of different ideas surrounding impairment. He discussed how illnesses could be caused by God as a punishment, but also discussed how moral individuals were afflicted to prevent them from developing pride. And in some cases, illness "*has nothing to do with the spiritual state of the sick*" (Metzler 2006: 46). This does not mean there was no fear and stigma among the ordinary populace that was unrelated to beliefs about the causes of impairment (Hadley 2010: 111), but it does suggest that such negative perceptions were highly dependent on local circumstances; reflecting the variability we see in the burial record.

Conclusions

It is therefore likely that perceptions of impairment were based on highly individualized factors, perhaps as individualized as the personality of the person in question (Hadley 2010: 111), as well as the specific beliefs of the community in which they resided. The causes of impairment given in contemporary literature were complex and contradictory, with ideas about sin, holy suffering and natural causes varying depending on the intentions of the author and the message they were trying to convey about the person discussed. Concepts of sin may well have caused ostracization, but this may not always be visible in a funerary context. In contrast, those considered blessed with their impairment may have seen some form of veneration in the funerary record, whereas

an attribution to natural causes would most likely not have resulted in differential treatment. The large proportion that did not show any differentiation may suggest that a belief in natural causes, which did not cast any moral judgement on the individual, may have predominated. Yet other beliefs were present, and it is possible that other factors overrode the perceived causes of impairment when it came to deciding how someone was to be buried.

One of the key shortcomings of this study is that despite its aim to provide a comprehensive overview, it is based on a relatively small sample. Only fully published excavation reports were consulted, and it may be possible to access more individuals from unpublished reports held in county HERs, or museum records. Increasing the sample size would increase the statistical robusticity of this study, and might also increase the feasibility of further analysis regarding the intersection of types of impairments and other aspects of identity. Another potential area for expansion concerns the location of burials, which here is considered qualitatively, and so more objective Geographic Information Systems analysis of burial locations may be beneficial.

A key point of this study is the importance of using osteological and archaeological evidence together, and the potential of this approach to inform how osteologists in particular operate in the future. In particular, one of the issues encountered was determining from the osteological reports alone how impairing any observed pathology would have been during life. In order to aid future studies of this kind, osteologists should also consider lived experience, not as a replacement for scientific analysis, but alongside it. This would aid in understanding the severity of the condition, and help bridge some of the gaps that exist between the two disciplines. In the context of this study, it would also be worth undertaking an osteological reanalysis of all the skeletons used, especially the ones from older excavations. This would help to confirm the validity of the examples used, and ensure a standardized approach to interpreting the lived experiences of pathologies, something not possible using reports from multiple osteologists working at different points over the last fifty years.

The funerary evidence of course, represents an idealistic version of how people with impairments were treated, and the reality during their lifetime may well have been different. What this does demonstrate, however, is that such negative or positive perceptions were rarely strong enough to influence burial practices; most

people with impairments occupied a normal space in society, at least in death. However, it is only by comprehensive studies integrating archaeological, osteological and historical evidence that we can have confidence in such conclusions.

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